



**TOWN OF ISLIP  
OFFICE OF THE TOWN CLERK**

**REGINA V. DUFFY**  
TOWN CLERK & REGISTRAR

**Taxicab Driver's License Application**

*Applicant must provide a current New York State Chauffeur's License and original Social Security Card.*

**\*\*Check here if this is a RENEWAL**

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (TOWN)

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ U.S. Citizen: Yes No

Place of Birth: \_\_\_\_\_ Married: Yes No

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Present Taxi License Number (if applicable): \_\_\_\_\_

**FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE**

Has your license to drive a vehicle ever been revoked? Yes No

If yes, for what reason? \_\_\_\_\_

Current New York State Chauffeur's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class #: \_\_\_\_\_

Date Last Fingerprinted for Taxicab Driver's License: \_\_\_\_\_

**\*\* FOR OFFICE USE ONLY\*\***

Date Prints Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Date Temporary Issued: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY MAKES A FALSE SWORN STATEMENT HEREIN SHALL BE COMMITTING THE SEPARATE CRIME OF PERJURY. IN ADDITION TO CRIMINAL PROSECUTION, THE DISCOVERY OF ANY FALSE STATEMENTS HEREIN WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERSON'S TAXICAB DRIVER'S LICENSE.

-----X

In Matter of the Taxicab Driver's License of

**AFFIDAVIT**

-----X

State of New York)

: ss.:

County of Suffolk)

\_\_\_\_\_, being duly sworn deposes and says:  
(PRINT NAME)

1. Your deponent is an applicant for a taxicab driver's license from the Town of Islip;
2. Your deponent swears, under oath, to the truth of the statements contained in this affidavit;
3. Your deponent makes this affidavit before an officer empowered to administer an oath; such as a notary public;
4. Your deponent states that your deponent has not been charged with, nor convicted of, any crime at any time prior to the making of this affidavit,

**(CROSS OUT BELOW IF INAPPLICABLE)**

except for the charges and convictions specified below.

PLACE OF CHARGE	DATE OF CHARGE/ARREST	DATE OF CONVICTION	SENTENCE IMPOSED

5. Your deponent is aware that your deponent has a duty to notify the Town Clerk within twenty-four (24) hours of your deponent being charged with, or convicted of any crime.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC